┖	Failed		Closed IHH	State of Maine I	l ea	a l'	th	In	ısp	<u>oectio</u>	n Report	t		F	Page 1	of 5		
Establishment Name As Authorized by 22 MRSA \$ 2496 C			Critical Violations							1 D:	Dat	ate <u>3/15/2</u>		2019	_ 9			
				/ to / tathlorized by 22 million & 2100		Non-Critical Violations				ns			3	Tim	e In	<u>1:45 F</u>	PM	_
				Certifie		ed Food Protection Manager			iger	•	E	Tim	e Out	3:00 F	PM	_		
License Expiry Date/EST. ID# Address						City						Zip Code		Tel	ephone			
6/9/2019 / 6636 255 PARK ST				LEWISTON					N		04240-74	19	207	7-782-9	309			
License Type Owner Name						Purpose of Inspection License Posted							Risk Cate	egory				
M	UN - EA	TING	PLACE	ACME SOCIAL CLUB		Regular Yes												
					CTC	ORS AND PUBLIC HEALTH INTERVENTIONS												
									_									
	Circle IN=in co	_		(IN, OUT, N/O, N/A) for each numb nce N/O=not observed N/A=r	ered in not app			е			ark"X" in appropi -corrected on-site				R =repeat vic	olation		
Со	mpliance	Status	3		cos	s	R		Com	pliance Sta	itus					c	cos	R
				upervision		Ţ					ntially Hazardou		•		re			
1	IN		PIC present, demonstra performs duties	ates knowledge, and				16		IN	Proper cooking	-				-	_	_
			·	loyee Health				17 18		IN IN	Proper reheating	<u> </u>			olding		\dashv	
2	IN		Management awarenes	•	\top	Т	_	19		IN	Proper cooling Proper hot hold	<u>.</u>		25		-+	\dashv	_
3	IN			, restriction & exclusion	工	\perp		20		IN	Proper cold ho					-	\dashv	-
	15.1			gienic Practices		_		21		IN	Proper date ma						\dashv	_
4 5	IN IN	-+	Proper eating, tasting, No discharge from eyes	drinking, or tobacco use s. nose, and mouth	+	+	\dashv	22		IN	Time as a publi				ures & re	cord	\dashv	_
				amination by Hands							Consu	mer Advisory	,					
6	IN		Hands clean & properly	y washed		T	7	23			Consumer advi	sory provide	d for ra	aw or			T	_
7	INI		No bare hand contact v	vith RTE foods or approved				23		IN	undercooked fo	oods					_	_
	IN		alternate method prope	erly followed							Highly Susce							
8	OU	Т		g facilities supplied & accessible			_	24		IN	Pasteurized for	ods used; pro	hibited	d foo	ds not			
			Approv	ved Source		Ļ		H			offered	Chemical					_	_
9	IN		Food obtained from app			1	_	25		IN	Food additives		proper	rly us	od.	т	Т	_
10	IN		Food received at prope	<u>*</u>		1	_	26		IN	Toxic substance					has	\dashv	_
11	IN		Food in good condition		_	_	4				onformance with				torea a a	Jeu		_
12 IN Required records available:		Required records available parasite destruction	able: snellstock tags							T	with variance, specialized process,				Т	$\overline{}$		
	Protection from Contamination			_		27	IN & HACCP plan				process,							
13	IN		Food separated & prote		$\overline{}$										╗	_		
14	00	, 	Food-contact surfaces:			+	x			k Factors	are improper pra	•						
15	IN			eturned, previously served,		t	1				buting factors of f			-				
'	114		reconditioned, & unsafe	e food					inte	rventions are	e control measure	s to prevent to	oaborr	ie iiir	ess or inju	ury.		
				GOOD	RET	ΑII	LΡ	RA	СТІ	CES								
			Good Retail Practices are	preventative measures to control the	additi	ion	of p	atho	gens	s, chemicals,	and physical obje	cts into foods.						
Ма	ırk "X" in b	ox if nu	imbered item is not in com	npliance Mark "X" in appropriat	e box	for	COS	S an	d/or	R COS	S=corrected on-site	e during inspec	ction	R=r	epeat viola	ation		
					co	s	R									c	cos	R
			Safe Food and	Water							Proper Us	se of Utensils	•					
28 IN Pasteurized eggs used where required				Т	Т		41	IN	In-use uten	sils: properly sto					Т	П	ī	
29					T		42	IN		quipment, & line		tored,	drie	d, & hand	led		_	
30 IN Variance obtained for specialized processing methods				T	\exists	43	\vdash		& single-service						1	_		
Food Temperature Control								44	IN	Gloves use	ed properly							
31 N Proper cooling methods used; adequate equipment for						T					Utensils, Equip	ment and Ve	nding					
	temp	oeratur	re control		\perp	1	\Box	45	IN		n-food contact su		able,				T	
32		N Plant food properly cooked for hot holding					\Box			properly de	esigned, constru	cted, & used					_	
-					_	\Box	46 IN Warewashing facilities: installed, maintained, & used; test strips							_	_			
34 N Thermometers provided and accurate				\perp	Т		47 X Non-food contact surfaces clean							\perp	Х			
			Food Identificat			_						al Facilities						
35	IN Food		erly labeled; original con					48	-		water available;						_	_
			Prevention of Food Con			_		\vdash	IN		nstalled; proper						_	_
\vdash	36 IN Insects, rodents, & animals not present				\perp	+	\dashv	50 IN Sewage & waste water properly disposed 51 IN Toilet facilities: properly constructed, supplied, & cleaned						_				
37	_			ood preparation, storage & display	+	+	\dashv	\vdash	-							\rightarrow	+	_
\vdash			eanliness		+	+	-	\vdash	IN		refuse properly				tained		\dashv	
39 40			ths: properly used & stor	eu	+	+	\dashv	53 54	\vdash		cilities installed, ventilation & ligh	-			end		\dashv	_
40	IIV Wasi	miy irl	uits & vegetables	An M.				54	IIN A AL	Auequate \	venulation & light	ung, designat	eu are	as u	seu			_
Per	son in Ch	arge (S	Signature) Muse	Jahun HAR	و	1	les	ر و	MA	5		Date:	3/15/2	019				
Hea	alth Inspec	ctor (Si	ignature)	Town Tan	k	مو	a	n		Follow-	up: YES	NO D	ate of I	-ollo	w-up:			

	State of	Maine Hea	alth Inspect	tion Repo	ort	Page 2 of 5					
Establishment Name ACME SOCIAL CLUB			As Authorized L	Date 3/15/2019							
License Expiry Date/EST. ID# 6/9/2019 / 6636	Address 255 PARK ST	•	City / State LEWISTON	/ ME	Zip Code 04240-7419	Telephone 207-782-9309					
Temperature Observations											
Location	Temperature			Notes							
Water	132*	Handwash sink									
Hi temp glass washer	150*/180+*	Wash/rinse									
Cut limes	40*	Beer cooler									

Person in Charge (Signature)

Health Inspector (Signature)

Mue Rafun MARE Lee MAS

Date: 3/15/2019

State of Maine Health Inspection Report

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Date: 3/15/2019

3/15/2019 **Establishment Name**

ACME SOCIAL CLUB

Address License Expiry Date/EST. ID# Zip Code City / State 6/9/2019 **255 PARK ST** LEWISTON 04240-7419 /6636

Observations and Corrective Actions

Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 and 8-406.11 of the Food Code

8: 6-301.14: N: Hand wash signage not provided for employee hand sink or lavatory.

INSPECTOR NOTES: Restrooms missing "employees must wash hands before returning to work" signage. Install proper signage.

14: 4-601.11.(A): C: Equipment food-contact surfaces and utensils are not clean to sight and touch.

INSPECTOR NOTES: **REPEAT** Ice machine and sandwich press are not clean. Hire 3rd party professional cleaner to sanitize ice machine. Provide 3rd party invoice of cleaning to City Inspector withinn 10 days from this report. Clean sandwich grill before next use.

47: 4-602.13: N: Non-food contact surfaces are not cleaned at a frequency necessary to preclude accumulation of soil residues.

INSPECTOR NOTES: **REPEAT** Area surrounding sandwich press unclean. Clean and santize area if cooking for members.

53: 6-501.11: N: The physical facilities are in disrepair.

INSPECTOR NOTES: Flooring under bar sink and bar has broken and missing tiles. Repair or replace flooring to be smooth, sealed and easily cleanable.

Person in Charge (Signature)

Muc Papur HARE Lee MAS Health Inspector (Signature)

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State of Maine Health Inspection Report Page 4 of 5 3/15/2019 Date **Establishment Name ACME SOCIAL CLUB** License Expiry Date/EST. ID# **Address** Zip Code City / State 6/9/2019 /6636 **255 PARK ST** LEWISTON ΜE 04240-7419

Inspection Notes

Certified Food Protection Manager: Exempt

Unless directed otherwise, all Eating Establishments are required to submit a copy of their Certified Food Protection Manager (CFPM) certificate. A CFPM must be hired at the time of a new eating establishment opening or within 60 days of when a CFPM leaves employment. For a list of CFPM courses and trainers go to

http://www.maine.gov/healthinspection/training.htm

Please provide a copy of this certification(s) to Carol Gott, Health Inspection Program, 286 Water St. 3rd Floor, Augusta, ME 04333, carol.gott@maine.gov or faxing to 207-287-3165.

Please include the name of your establishment and the establishment ID# with your certification(s).

Employee Health Policy:

The Health Inspection Program has implemented an educational public health initiative on Employee Health on March 1, 2017. The policy handouts will be provided to you by your inspector and reviewed during inspection for compliance. They are also available on the Program's website: http://www.maine.gov/healthinspection

2013 Maine Food Code Adoption:

The Maine Food Code was adopted in October of 2013. Please refer to our website for a copy, http://www.maine.gov/healthinspection. Following are a few of the major changes: * No Bare Hand Contact with Ready-To-Eat Food. * Establishments must have clean-up procedures for employees to follow following vomiting and diarrheal events. * Date marking of Ready-to-eat potentially hazardous foods.

Violation Correction Timeframe:

Critical violations should be corrected on site, but in any event, within 10 days. The licensee must contact Louis Lachance when the critical violation has been addressed at 207-513-3125 extension 3224 or at llachance@lewistonmaine.gov. Non-critical violations must be corrected within 30 days. Failure to satisfactorily correct these violations before the follow-up inspection may result in enforcement proceedings by the Department to include fines and penalties. License renewals can be denied if violations are not corrected within the noted timeframes.

C= Critical violation and NC= Non-critical violation:

"Critical violation" means a provision of the Food Code that, if in non-compliance, is more likely than other violations to contribute to food contamination, illness or environmental health hazard.

Additional Inspection Fee:

License fees provide for two inspections per year. When additional inspections are required, the Department may charge an additional \$100 fee to cover the costs of each additional inspection or visit.

Document Retention/Posting:

Pursuant to the Maine Food Code, the establishment's current license must be displayed. In addition, a sign or placard must be posted in a conspicuous area notifying consumers that a copy of the most recent inspection report is available upon request. CFPM certificates must be posted in a conspicuous area and must be available to the Department upon request.

Person in Charge (Signature)	there the man have been the	Date: 3/15/2019
Health Inspector (Signature)	How Hackam	

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State of Maine Health Inspection Report									
Establishment Name					Date	3/15/2019			
ACME SOCIAL CLUB									
License Expiry Date/EST. ID# 6/9/2019 / 6636	Address 255 PARK ST	City / State LEWISTON	ME	Zip Code 04240-7419					

Inspection Notes

Person in Charge (Signature)

Laure Son Gram

Date: 3/15/2019

Health Inspector (Signature)